

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS		1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE		2. VOUCHER NUMBER				
				3. SCHEDULE NUMBER				
Read the Privacy Act Statement on the back of this form.								
4. CLAIMANT	a. NAME (Last, first, middle initial)		b. SOCIAL SECURITY NO.		5. PAID BY			
	c. MAILING ADDRESS (Include ZIP Code)		d. OFFICE TELEPHONE NUMBER					
6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)								
DATE	C O D E	Show appropriate code in col. (b):		MILEAGE RATE	AMOUNT CLAIMED			
19 ____		A-Local travel B-Telephone or telegraph, or C-Other Expenses (itemized)		¢	MILEAGE	FARE OR TOLL	ADD PER-SONS	TIPS AND MISCEL-LANEOUS
(a)		(b) (c) FROM (d) TO		NO. OF MILES (e)				
		(Explain expenditures in specific detail)						
If additional space is required continue on the back.				SUBTOTALS CARRIED FORWARD FROM THE BACK				
7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i).) \$				TOTALS				
8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)				10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.				
Sign Original Only				Sign Original Only				
APPROVING OFFICIAL SIGN HERE				CLAIMANT SIGN HERE				DATE
9. This claim is certified correct and proper for payment.				11. CASH PAYMENT RECEIPT				
Sign Original Only				a. PAYEE (Signature)				b. DATE RECEIVED
AUTHORIZED CERTIFYING OFFICER SIGN HERE				12. PAYMENT MADE BY CHECK NO.				c. AMOUNT \$

[illegible]

STANDARD FORM 1164 Back (Rev. 11-77)